CASE REPORT
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Kimura disease of bilateral eyelid

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ABSTRACT

Background: To highlight rare case patient with Kimura Disease of the eyelid. Single case study has been followed up for 6 months.
Case: A Balinese, male, 11 years old patient with chief complained bilateral painless eyelid swelling since 6 months ago. From the examination there were masses at superior palpebral In both eyes, with firm, mobile and painless in palpation. Laboratory investigation revealed eosinophilia with a rise in IgE percentage levels (5.41%). Orbital CT Scan showed a solid mass in left superior retropalpebral. Oral steroid was given before excision surgery. Histopathological examination showed diffuse infiltrating eosinophil, high endothelial post capillary venules, folliculolysis dan microabsess, typical Kimura's Disease.
Conclusion: Kimura's disease still a rare case with clinical dilemma with no specific diagnostic guideline. Though there is no consensus for the treatment of recurrent disease, the overall outcome is good as there is no association with malignancy.

Keywords: Kimura's disease, Eyelid mass, Palpebra Tumor
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INTRODUCTION

Kimura disease (KD) is a rare form of chronic inflammatory disorder predominantly affecting young men of Asian race with most patients being 20-40 years of age. The major manifestation of disorder is slowly enlarging mass, predominantly in the head and neck region, involving subcutaneous tissue. It frequently associated with regional lymphadenopathy and/or salivary gland and may clinically simulate a neoplasm, which also occurs in the superficial skin of the head and neck region. Patients with orbital or ocular adnexal KD usually present with palpable eyelid mass lesions.[1,2,3] This case is made to highlight rare case patient with KD of the eyelid.

CASE

This was a single case study. Patient were followed up from August 2018 until January 2019 and diagnosed as OU superior palpebral tumor et causa Kimura diseases.

Case presentation

An 11 years old Balinese boy presented slowly growing bilateral eyelid swelling since 6 months ago. From the examination, firm discrete nodules were palpable, all were freely mobile and no tender (Figure 1). Visual acuity OU is 6/6. Physical examination revealed no lymphadenopathy or organomegaly.

Laboratory examination indices slight eosinophilia with a rise in IgE percentage levels (5.41%). The rest of laboratory result is within normal limit. CT Orbital of the mass showed a well defined lesion 10 x 18 x 11 mm in left superior retropalpebral showed mass in lacrimal gland (Figure 2). Oral steroid has given but didn't show any improvement. Patient was undergo bilateral surgical resection done one-by-one.

Post operative Follow up

Patient undergo surgical on both eyes excision separately (Figure 3A and 3B). Histopathological examination of the specimens showed diffuse infiltrating eosinophyl, high endothelial post capillary venules, folliculolysis dan microabcess, showed Kimura's Disease (Figure 4). Three months after surgery show markedly reduce of eyelid swelling on both eyes (Figure 5).

DISCUSSION

The first description of this disease appeared in the Chinese literature by Kim and Szeto as eosinophilic hyperplastic lymphadenopathy in 1937, but the disorder became popularly known as KD following the report of Kimura et al. in the Japanese literature in 1948.[4]

Kimura Disesase is a rare benign chronic inflammatory disease of unknown etiology, which

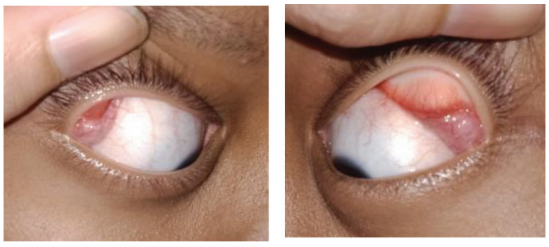

Figure 1. Clinical photograph of the patient showing bilateral swollen eyelids

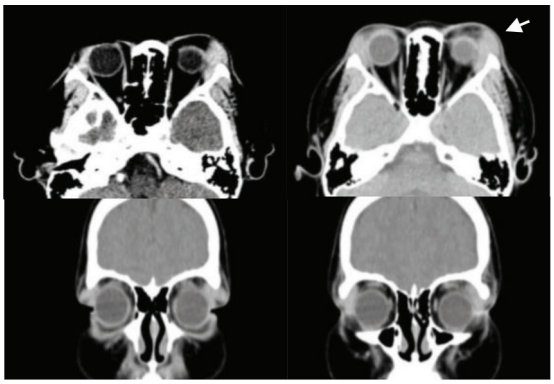

Figure 2. CT Scan readings indicate a sign of solid mass in left superior retropalpebral, in left lateral Bulbus oculi, sign of a mass from left Lacrimal Gland

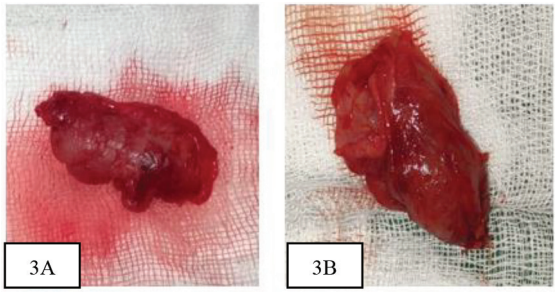

Figure 3A. Eyelid Tumor Right Eye
Figure 3B. Eyelid Tumor Left Eye

frequently affects young male in Asia.[5] In this case patient was a 11-years-old Balinese with bilateral painless eyelid swelling since 6 months. Firm discrete nodules were palpable, all were freely mobile and no tender. Clinically, the masses, if palpebral, are firm and non-tender, and may be single or multiple. The most common location of the lesions is the orbit, with the superior orbit being the most frequent site. Involvement of the skin of the postauricular, parotid and submandibular regions, including the salivary glands and regional lymph nodes, occurring before or simultaneous to the orbital lesions is common. Lesions may

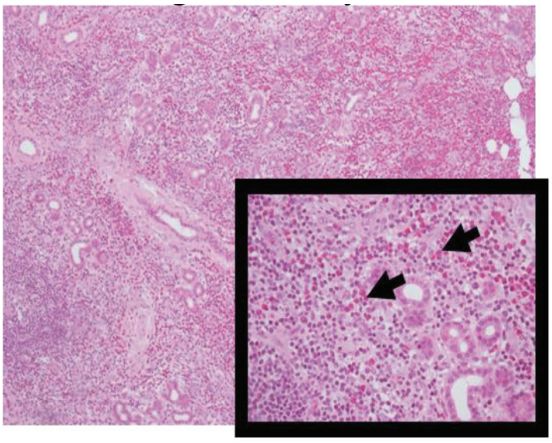

Figure 4. Lymphoid follicle structures with enlarged centrum germinativum and a widespread of eucynophilic cells within, but also proliferation of capillary blood vessel cells with some reactive endotel

Figure 5. Pre and post surgery excision evaluation

gradually enlarge and increase in number over time or spontaneously regress.[4]

Hypereosinophilia and elevated serum IgE are found in Kimura's disease, so as in this patient as well.[6] Histologically, the lesions are characterized by hyperplastic lymphoid tissue, an inflammatory infiltrated rich in eosinophils and a proliferation of postcapillary venules.[1]

Oral steroid has given in this patient but show no improvement. Then patient was undergone complete surgical excision. No standard treatment for Kimura's disease has been established yet. Steroid therapy said induces a marked reduction in tumor size. However, the tumor often increases again as the patient is weaned from systemic steroids. It has been reported that a partial excision is useful for the following reasons: (a) the tumor is controlled without complete resection and (b) Kimura's disease has not been reported to exhibit malignant transformation.[7]

CONCLUSION

Kimura's disease still a rare case with clinical dilemma with no specific diagnostic guideline. Though there is no consensus for the treatment of recurrent disease, the overall outcome is good as there is no association with malignancy.

CONFLICT OF INTEREST

None of authors have conflict of interest

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REFFERENCES

1. Chen H, Thompson LD, Aguilera NS, Abbondanzo SL. Kimura Disease: A Clinicopathologic Study of 21 Cases. *Am J Surg Pathol*. 2004; 28 (4): 505-513.
2. Kennedy SM, Pitts JF, Lee WR, Gibbons DC. Bilateral Kimura's Disease of the Eyelids. *Br J Ophthalmol*. 1992; 76(12): 755-757.
3. Syahryari J, Dabiri S, Talebi A. Kimura's Disease: A Case Report and Review of Literatures. *Iranian Journal of Pathology*. 2012; 7(4): 251-255.
4. Yeung EY, Ma L. Bilateral Orbital Kimura's Disease in a Young Asian Man. *Chang Gung Med J*. 2002; 25: 45-50.
5. Li J, Ge X, Ma J, Li M, Li J. Kimura's Disease of the Lacrimal Gland Mimicking IgG4-related Orbital Disease. *BMC Ophthalmol*. 2014; 14: 1-4.
6. Osuch-Wojcikiewicz E, Bruzgielewicz A, Lachowska M, Wasilewska A, Niemczyk K. Kimura's Disease in a Caucasian Female: A Very Rare Cause of Lymphadenopathy. *Case Rep Otolaryngol*. 2014; 1-5.
7. Monzen Y, Kiya K, Nishisaka T. Kimura's Disease of the Orbit Successfully Treated with Radiotherapy Alone: A Case Report. *Case Rep Ophthalmol*. 2014; 5(1): 87-91.